

QWNMentee Application



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QWNMentee Application



	nformation:		Email:		
Department			# of warms at Owners		
•		er stage as (pleas	se check onegarly Career Mid-Career Late Career		
Are you/have	e you previou	ısly been enrolled	inQaueen'smentorship program (eg. Emerging Leaders)		
Yes	No	-	please list mentorship program(s) below: (optional)		
	tching Ques your goals fo		in the QWN Mentorship program?		
2. If I could o	change 1 thin	g about my role o	or department, what would it be?		
3. Whatis im	nportant to me	e in my work?			
4. What do r	my colleague:	s appreciate abou	ut me?		
5. What kind of experience are you hoping to go Champion of the organization Resources and information Personal Development Skill Development			to gain from a mentorship relations bip 2k all that apply) Competency development Goal Setting Network Manage life and work		
Please desc	cribe any othe	er support you ma	y wish to receive:		
6. Have you	completed th	ne DISC assessm	ent before: N DISC profile:		
7. Do you h	ave a mentor	(must be Queen's	s employee) in mind that you would like to suggest?		
I certify that t	he information	provided true and I	I understand the Q WIs htorship program commitmesst		
Name		 Signat	ture Date		